

STATE OF INDIANA  
COUNTY OF MARION  
STATE OF INDIANA

FILED

SEP 11 2017

IN THE MARION SUPERIOR COURT  
CRIMINAL DIVISION, ROOM 25

MEDICAL / MENTAL HEALTH COURT INQUIRY

DATE: 9/7/2017

JID/DOB/GALLERY #: [REDACTED]

was seen in court today and voiced concern about the

following Medical/Mental Health problems:

ME [REDACTED] IS NOT

GETTING MEDICATION PRESCRIBED BY HIS  
DOCTOR TO TREAT HIS CANCER. HE IS  
ONLY GETTING IRIPROFEN.

☐ The court requests that inmate be evaluated & treated by mental health personnel.

☐ RELEASE OF INFORMATION: I, [REDACTED] hereby authorize Inmate Medical  
Services to release information contained in my Medical Record pertaining to my medical concern to the Judge in  
Criminal Court, 25. This release is good for 60 days from the date I have signed it.

9/7/17  
Date

Judge / Bailiff / Witness

Email

Date

SCAN AND SEND THIS FORM TO [MCSSO-MEDICAL@INDY.GOV](mailto:MCSSO-MEDICAL@INDY.GOV) AND [MCSSO-MEDICAL-MENTALHEALTH@INDY.GOV](mailto:MCSSO-MEDICAL-MENTALHEALTH@INDY.GOV)

MEDICAL/MENTAL HEALTH RESPONSE, DATE: 9/7/17

NAME OF RESPONDING MEDICAL PERSONNEL

ID NUMBER

Medication approved, ordered, and per  
primary medical administration record  
first dose given 9/7/17

[Signature]

FAX RESPONSE BACK TO COURT WITHIN TWO (2) DAYS FROM DATE IT WAS RECEIVED UNLESS NOTED BELOW

COURT FAX NUMBER 317-327-4865

☐ IMMEDIATE RESPONSE NEEDED

Faxed 9-7-17  
@ 1425 RM

Form Updated: January 10, 2016

THE JUDGE

THE JUDGE, REQUESTED FOR THE JUDGE TO SIGN AND DATE THE FORM